

Meeting Notes  
Quality Metrics Subcommittee Meeting  
November 30, 2011

Members present- **Dr. Doug Carr**, Billings Clinic; **Dr. Jonathan Griffin**, St. Peter's Medical Group; **Marie Hamilton**, Bozeman Deaconess; **Carol Kelley**, Bozeman Deaconess Internal Medicine Associates; **Janice Mackenson**, Mountain Pacific Quality Health; **Dr. Bob Shepard**, New West Health Services; **Cindy Stergar**, CHC-Butte Silver Bow Primary Care Clinic; **Rick Yearry**, Regional Extension Center

Interested Parties present- **Dr. Paul Cook**, Rocky Mountain Health Network; **Paul Pritchard for Kirsten Mailoux**, EBMS; **Loren Schrag**, HealthShare Montana; **Dr. Jerry Speer**, Benefis Health System; **John Hoffland**, DPHHS Medicaid, Passport to Health; **Dr. Tom Roberts**, Western Montana Clinic; **Will Robinson**, NCQA; **Dr. Jean-Pierre Pujol**, New West; **Dr. Jay Larson**, Independent Provider; **Bill Pfingsten**, Bozeman Deaconess Health Group

CSI Staff present- Christine Kaufmann, Amanda Roccabruna Eby

The meeting was called to order by Chairman, Dr. Bob Shepard at 1:02 PM.

1. Notes from the previous meeting on November 9, 2011 were reviewed and the subcommittee agreed they accurately represented the meeting and could be submitted to the advisory council for adoption.
2. Finalize QM matrix  
Dr. Shepard listed off all of the most recent changes that had been made to the spreadsheet, including marital status, language preference, preferred method of communication, communication barriers, tobacco use, HPV vaccination, osteoporosis screening, and appointment availability.

The group continued discussion on the CAHPS survey and how to best use it for Montana's needs. Members agreed that one of the two applicable CAHPS surveys (either physician group or PCMH) should be used by all medical homes so that results could be comparable and validated to national standards. Some providers thought that using the PCMH survey could be an issue for multi-specialty practices. Members agreed that the issue of which survey could be decided by each group, since medical home recognition does not currently require a specific patient survey, just that one is used.

Dr. Shepard suggested that the finalized matrix be proposed to the full council as a recommendation to the commissioner. Dr. Griffin, Dr. Cook, and Dr. Stengar all agreed. There were no dissenting comments.

3. Discussion on Phases I and II

Dr. Shepard clarified that in using these terms he only meant that Phase I would be the metrics we work on now and Phase II would be metrics we address some time on the future.

4. Benchmark Discussion

Subcommittee members discussed two approaches to setting benchmarks:

- a. Collect as much of the existing benchmark data as we can and then set specific benchmarks for practices to meet based loosely on the data collected. (Absolute measure)
- b. Set benchmarks for each individual practice to meet in the future that is specifically based on their past performance. (Relative measure)

Members agreed that the benchmarks set should be a combination of absolute and relative so that there is flexibility. There could be a minimal threshold for practices to meet to receive initial payment and a maximum threshold for other practices to meet and receive a maximum payment. In between those absolutes, there would be payment based on relative improvement. The benchmarks need to be able to accommodate practices performing at multiple levels. Members agreed to delay working on benchmarks until the data set is completely finalized.

5. Process for proceeding with HealthShare Montana on data elements

Members agreed to begin discussions with HealthShare Montana as soon as the finalized matrix is adopted by the full advisory council as a recommendation to Commissioner Lindeen. The subcommittee can be reconstituted and can meet with HealthShare Montana to share the matrix and discuss how the quality data will be incorporated into their technology and how they will perform the analytics.

6. Next steps for the QM subcommittee

- a. Recommend to the advisory council to work with Health Share Montana on how to measure the quality metrics.
- b. Will Robinson from the NCQA will get the subcommittee information on the ICD10 implementation specifications for HEDIS measures, as well as more information on the differences between the multi-specialty survey and the primary care survey.
- c. Next meeting- December 14th